

County: Grant  
FENNIMORE GOOD SAMARITAN CENTER  
1850 11TH STREET

Facility ID: 3430

Page 1

FENNIMORE 53809 Phone:(608) 822-6100  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 68  
Total Licensed Bed Capacity (12/31/02): 74  
Number of Residents on 12/31/02: 54

Ownership: Nonprofit Church/Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 60

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		16.7
Supp. Home Care-Personal Care	No					More Than 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0			33.3
Day Services	Yes	Mental Illness (Org./Psy)	35.2	65 - 74	7.4			-----
Respite Care	Yes	Mental Illness (Other)	3.7	75 - 84	24.1			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	51.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	13.0	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	3.7		-----	RNs		8.9
Referral Service	No	Diabetes	11.1	Sex	%	LPNs		13.4
Other Services	No	Respiratory	1.9	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.8	Male	35.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	64.8	48.4		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	253	27	87.1	108	0	0.0	0	18	90.0	125	0	0.0	0	0	0.0	0	48	88.9
Intermediate	---	---	---	4	12.9	89	0	0.0	0	2	10.0	119	0	0.0	0	0	0.0	0	6	11.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		31	100.0		0	0.0		20	100.0		0	0.0		0	0.0		54	100.0

*****									
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health	1.7	Bathing		9.3	79.6		11.1		54
Private Home/With Home Health	15.3	Dressing		24.1	70.4		5.6		54
Other Nursing Homes	3.4	Transferring		38.9	50.0		11.1		54
Acute Care Hospitals	79.7	Toilet Use		31.5	57.4		11.1		54
Psych. Hosp.-MR/DD Facilities	0.0	Eating		61.1	31.5		7.4		54
Rehabilitation Hospitals	0.0	*****							
Other Locations	0.0	Continence		%	Special Treatments				%
Total Number of Admissions	59	Indwelling Or External Catheter		11.1	Receiving Respiratory Care				3.7
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		50.0	Receiving Tracheostomy Care				0.0
Private Home/No Home Health	45.2	Occ/Freq. Incontinent of Bowel		48.1	Receiving Suctioning				0.0
Private Home/With Home Health	17.7				Receiving Ostomy Care				1.9
Other Nursing Homes	1.6	Mobility			Receiving Tube Feeding				1.9
Acute Care Hospitals	3.2	Physically Restrained		0.0	Receiving Mechanically Altered Diets				13.0
Psych. Hosp.-MR/DD Facilities	0.0								
Rehabilitation Hospitals	0.0	Skin Care			Other Resident Characteristics				
Other Locations	1.6	With Pressure Sores		3.7	Have Advance Directives				79.6
Deaths	30.6	With Rashes		20.4	Medications				
Total Number of Discharges					Receiving Psychoactive Drugs				46.3
(Including Deaths)	62								
*****									
Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities									
*****									
	This Facility %	Ownership: Nonprofit Peer Group % Ratio		Bed Size: 50-99 Peer Group % Ratio		Licensure: Skilled Peer Group % Ratio		All Facilities % Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	81.1	92.2	0.88	88.5	0.92	86.7	0.94	85.1	0.95
Current Residents from In-County	94.4	76.0	1.24	72.5	1.30	69.3	1.36	76.6	1.23
Admissions from In-County, Still Residing	11.9	25.2	0.47	19.5	0.61	22.5	0.53	20.3	0.58
Admissions/Average Daily Census	98.3	95.0	1.04	125.4	0.78	102.9	0.96	133.4	0.74
Discharges/Average Daily Census	103.3	97.5	1.06	127.2	0.81	105.2	0.98	135.3	0.76
Discharges To Private Residence/Average Daily Census	65.0	38.4	1.69	50.7	1.28	40.9	1.59	56.6	1.15
Residents Receiving Skilled Care	88.9	94.3	0.94	92.9	0.96	91.6	0.97	86.3	1.03
Residents Aged 65 and Older	100	97.3	1.03	94.8	1.06	93.6	1.07	87.7	1.14
Title 19 (Medicaid) Funded Residents	57.4	63.8	0.90	66.8	0.86	69.0	0.83	67.5	0.85
Private Pay Funded Residents	37.0	28.5	1.30	22.7	1.63	21.2	1.75	21.0	1.76
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	38.9	37.9	1.03	36.5	1.07	37.8	1.03	33.3	1.17
General Medical Service Residents	27.8	23.0	1.21	21.6	1.29	22.3	1.24	20.5	1.36
Impaired ADL (Mean)	38.9	49.9	0.78	48.0	0.81	47.5	0.82	49.3	0.79
Psychological Problems	46.3	52.6	0.88	59.4	0.78	56.9	0.81	54.0	0.86
Nursing Care Required (Mean)	5.6	6.3	0.88	6.3	0.89	6.8	0.82	7.2	0.77